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PROGRESS REPORT ON IMPLEMENTATION OF TECHNICAL ADVISORY PROGRAMME ARRANGEMENTS

I. INTRODUCTION

1. The present report has been prepared in response to decision 99/19 of the UNDP/UNFPA Executive Board, which endorsed the continuation of UNFPA's Technical Advisory Programme (TAP) for a period of two years (2000-2001) on an interim basis. The Board requested the Executive Director to submit a progress report to the third regular session 2000 on the implementation of the TAP arrangements. The Board requested that the progress report include: "(a) an analysis of programme country technical and strategic support needs and how these needs are being met by the function and composition of the country support teams and technical advisory services, with particular emphasis on ICPD follow-up, United Nations Development Assistance Framework requirements, and sector development programmes; (b) an explanation of how the Technical Advisory Programme is being monitored, particularly within the context of the multi-year funding framework; and (c) a description of how national and regional expertise on national capacity-building and networking within the Technical Advisory Programme is being utilized."

2. The TAP is an inter-agency arrangement through which technical assistance is provided to countries in all three of the Fund's core programme areas of reproductive health, including family planning and sexual health; population and development strategies; and advocacy. Gender is an important cross-cutting dimension in each of these areas. The TAP system has three goals: (a) to provide technical knowledge, analysis and research for use in the population programmes of UNFPA programme countries; (b) to accelerate the achievement of national self-reliance through

the strengthening of national and regional individual and institutional expertise; and (c) contribute to an integrated and coordinated multidisciplinary approach to population programmes well as to encourage the close interaction of research and analytical work with operatio activities. A distinctive feature of the TAP vis-à-vis other United Nations technical assista frameworks is its multidisciplinary and inter-agency approach.

3. The TAP was established in 1992 and has continued to evolve since then, both in terms of substantive areas of focus and its structural arrangements. As currently structured, the TAP ha two-tier arrangement. The first tier of the system is composed of technical specialists assigned eight multidisciplinary regional Country Technical Services Teams (CSTs) in Addis Aba Ethiopia; Dakar, Senegal; Harare, Zimbabwe; Kathmandu, Nepal; Suva, Fiji; Bangkok, Thailan Amman, Jordan; and Mexico City, Mexico. (A ninth team, in Bratislava, Slovakia, to be staff from existing posts, has been approved by the Executive Board and is expected to becor operational during 2000.) The second tier is made up of Technical Advisory Services (TA specialists posted at the headquarters or regional offices of relevant United Nations agencies – IL FAO, UNESCO, WHO, UNIFEM, UNAIDS and United Nations regional commissions. Genera speaking, expertise from CSTs is provided at the request of Governments, national implementi agencies or multilateral or bilateral development agencies through UNFPA country offices. T second tier (TAS specialists) is organized to provide technical backstopping to the CSTs.

4. The eight CSTs are made up of specialists recruited by UNFPA and other United Natio partner agencies and non-governmental organizations (NGOs). The specialists have stro professional expertise and a firm foundation in the Fund's three core programme areas with specialization in a specific sub-area (for example, reproductive health services; training a research; gender; information, education and communication (IEC); and data systems). Th composition and focus of the teams have changed over time to reflect emerging trends and th changing technical needs of countries by, for example, the addition of specialists in sociocultur research, adolescent reproductive health, sexually transmitted diseases (STDs) includir HIV/AIDS, and reproductive health commodity management.

5. The TAS specialists located at the headquarters or regional offices of TAP partner agencie and organizations have two main responsibilities: (a) to provide technical backstopping to CS specialists by keeping them informed about developments in the areas of the mandates of th partner agencies, thereby helping to consolidate the multidisciplinary nature of the TAP; and (b) t promote the systematic consideration of population issues in the work of the respective agencie and organizations of the TAS specialists. TAS specialists are called upon to synthesize technica papers for application to relevant country situations; to participate in seminars, workshops an conferences in order to present the perspective of their respective specialties; and, upon request, t participate in missions to programme countries, often in conjunction with CST specialists.

6. Since its inception, the TAP has developed in response to changing priorities, needs and circumstances. Following the adoption of the Programme of Action of the International Conference on Population and Development (ICPD) in 1994, the system was modified to support more effectively the reproductive health approach and to ensure mainstreaming of gender concerns and issues. More recently, the system has been revised to meet the need to strengthen monitoring and evaluation of UNFPA country programmes, to respond to the HIV/AIDS pandemic and to utilize new information technology more effectively. In addition, CST specialists are being given more opportunity to adopt a pro-active approach with respect to country programme development, focus and management.

7. It should be noted that due to the decline in UNFPA's general resources in recent years, the number of TAS and CST positions has been reduced. When the TAP system began in 1992, a total of 156 posts were authorized, including 40 TAS specialists. Today, the total number of authorized posts has declined to 130, with 18 TAS specialists. Because of time lags in filling vacant posts and budgetary constraints, not all of the authorized posts are filled – at any one time, approximately 20-25 per cent of the posts are vacant. Indeed, as the Fund prepares its proposals on technical assistance arrangements for the second regular session 2001 of the Executive Board, one of the major considerations will necessarily be current, and foreseeable, funding constraints.

II. GOALS OF THE TAP SYSTEM

Providing technical knowledge, analysis and research to build national capacity

8. The TAP system functions in a number of ways to help programme countries meet their needs for technical assistance and to increase their national capacity in UNFPA's three core programme areas. When requested, the CSTs provide technical backstopping in carrying out Country Population Assessments (CPAs) as well as United Nations system-wide initiatives, such as the Common Country Assessments (CCAs), United Nations Development Assistance Frameworks (UNDAFs) and Sector Wide Approaches (SWAps). Such technical backstopping includes support for the development of UNFPA-funded country programmes and subprogrammes and in the monitoring and evaluation of country programmes and their subprogrammes and component projects. Capacity-building initiatives include training activities both in programme countries and at CST offices. Much of the technical expertise is provided through missions to programme countries. During 1999, CSTs undertook a total of about 1,100 missions involving more than 12,400 mission days. Over 40 per cent of the technical missions undertaken over the last year were related to support at strategic stages of the UNFPA country programme cycle.

9. As noted above, the TAP has played an important role in helping UNFPA country programmes reflect the goals of the ICPD and of the ICPD+5 process. An example is the way that the CST Suva worked with UNFPA's two country offices in the Pacific subregion and with the Governments of the Pacific Island countries in the years following the Cairo conference in 1994 to

articulate a strategy for adolescent reproductive health in the region. Likewise, the other CSTs have carried out and provided resource persons to numerous workshops and seminars on adolescent reproductive health concerns. The increasingly devastating impact of HIV/AIDS has also occasioned a large number of initiatives on the part of the CSTs to help country offices integrate strategies to combat the spread of HIV into UNFPA country programmes and into national population and reproductive health strategies. In this regard, it should be noted that in recent years, with funding from UNAIDS, three posts on HIV/AIDS and three posts on the logistical management of commodities have been added to the CSTs; in addition, one post on HIV/AIDS is being funded by the Swedish International Development Cooperation Agency (Sida). The multisectoral nature of the CSTs has proven to be especially valuable in helping to insert the population dimension into the broader development dialogue at country and regional levels by bringing to the fore such emerging issues as the consequences of a changing age structure on the provision of basic services; the impact of globalization on employment and out-migration and the employment of women; and the need for reliable data systems to track progress in achieving the goals of the ICPD and other international conferences and for measuring the impact of domestic programmes designed, for example, to reduce poverty or to lower maternal mortality.

10. As the United Nations development agencies strengthen mechanisms to facilitate coordinated approaches in programme countries, the TAP plays a significant role. For example, the CST in Addis Ababa has been involved in supporting Eritrea, Ethiopia and Swaziland in the elaboration of CCAs as part of the development of UNDAFs for those three countries. During these exercises, the CST specialists have worked with national consultants, NGOs and other stakeholders to ensure that population and reproductive health issues were integrated into the CCAs and the UNDAFs. They have also helped in defining ways that the progress of population programmes could be assessed, in developing assessment tools and in elaborating a reporting framework. In Ethiopia, a CST specialist participated in the World Bank mission that developed the SWAp for that country. The specialist's role was to elaborate the IEC component of the health sector reform that was incorporated into the SWAp.

11. In 1999, a notable example of the involvement of the CSTs in the country programming process was the assistance that the Kathmandu CST provided for the development of country programmes and subprogrammes for the six Central Asian ("KATTUK") countries – Azerbaijan, Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan and Uzbekistan. After completion of a CPA exercise, the CST conducted a multi-disciplinary programme development workshop in Tashkent, Uzbekistan, for National Programme Officers to discuss the CPA findings, identify major priority areas for their respective country programmes and subprogrammes, and to develop logical framework (logframe) matrices. These workshops proved to be valuable capacity-building training exercises. Following this workshop, the CST specialists worked closely with UNFPA country office staff and government counterparts and other national stakeholders to develop draft country programmes. A multi-disciplinary committee of specialists at the CST in Kathmandu then reviewed the proposed programmes before they were finalized and submitted to the respective Governments,

UNFPA headquarters and the UNDP/UNFPA Executive Board, which approved the six programmes in September 1999.

12. The CSTs have proven to be particularly valuable in providing training to national counterparts and UNFPA country offices on the utilization of the logframe approach, including developing logframe matrices, as part of the development of national population programmes. As UNFPA moves towards results-based management practices, there is a continuing need to strengthen the use of the logframe at the country level. The CSTs have shown themselves to be well positioned to assist country offices and programme managers in internalizing the concepts of the logframe approach and stakeholder participation and in learning to use logframe matrices as a tool for effective design, implementation, monitoring and evaluation. One of the most difficult aspects of logframe development has been in the choice of appropriate "objectively verifiable indicators" (OVIs) that can be used to monitor and evaluate the success of programmes and subprogrammes. CSTs are developing considerable experience in working with such indicators and are helping country offices in developing indicators that will enhance the potential of the logframe as a monitoring and evaluation tool.

13. Following the country programming process, CSTs often field missions to countries to assist in formulation of subprogrammes in each thematic area. In the Caribbean, for example, the CST in Mexico City helped design the subprogramme for adolescent reproductive health for Jamaica. This included taking part in three workshops over a period of nine months that included representatives from all relevant government ministries and NGOs. The CST specialists helped in designing component projects that include such activities as training, integration of health services into other community services, IEC and advocacy. The workshops undertaken as part of subprogramme development included representatives from Guyana and Suriname so that they could take back lessons learned to their own countries to develop adolescent reproductive health subprogrammes there. The Jamaica adolescent reproductive health subprogramme was later presented at the First Summit for Caribbean Youth that took place in Barbados. Likewise, the CST Addis Ababa supported the development of a component project to promote adolescent reproductive health in Nigeria as a major part of the reproductive health subprogramme. As part of this work, CST specialists reviewed and helped update the training manual on counselling for health workers and school guidance counselors, including developing new sections in the manual on parent education and counselling, resource files for referrals of adolescents, and the care of pregnant adolescents.

14. The multi-disciplinary team approach to subprogramme formulation that the CSTs can provide has contributed to a richer mix of initiatives that give increased attention to such cross-cutting issues as gender, IEC and sociocultural research. In Liberia, for example, the Addis Ababa CST undertook a mission to ensure that gender issues were incorporated into a knowledge, attitudes and practices (KAP) survey that was being conducted on reproductive health practices in the country. As a result of the CST's assistance, the KAP team included three female managers, the

questionnaire was designed to include questions relevant to the country's gender situation, field interviewers (more than half of whom were women) were trained in gender-sensitive approaches to clients, and the results of the survey provided important gender-disaggregated data for the development of national reproductive health programmes.

15. In another of the Fund's core programme areas – population and development strategies – new information technology has had significant implications for data collection, processing, analysis and dissemination. Some countries are experiencing problems in keeping abreast of the fast-changing technology, resulting in the use or development of inappropriate tools or instruments for conducting censuses and surveys. An important lesson has been that in order to avoid unnecessary difficulties in census and survey undertakings it is essential to ensure that the overall census design is not based solely on new or emerging technologies but on technologies that are compatible with local conditions. It has been found that CST joint missions that consist of both substantive and data processing advisers provide effective technical inputs in developing overall census and survey plans, system design and implementation because the requirements and needs of both perspectives can be taken into account.

16. About one-fifth of the CST missions in 1999 were associated with providing technical backstopping to ongoing programmes and projects. The CST Addis Ababa, for example, has assisted a number of countries in pre- and in-service training curricula for nurses on reproductive health that include components on adolescent reproductive health. In Bangladesh, a specialist from the Kathmandu CST on reproductive health and family planning provided technical expertise to the National Institute of Preventive and Social Medicine by reviewing the institute's existing curriculum on maternal and child health and family planning and by suggesting ways that it could be adapted to incorporate a comprehensive reproductive health approach in line with the ICPD Programme of Action. The specialist provided a short training course to the faculty of the institute on the concepts of reproductive health. In addition, he presented a lecture at the institute on adolescent reproductive health with specific reference to the situation in Bangladesh.

17. In the area of adolescent reproductive health, a specialist from the CST team in Amman has played an ongoing role in a project in Egypt that aims to integrate reproductive health into the educational and community development programmes of the Girl Guides and Boy Scouts. Working with national counterparts, the role of the CST specialists has included chairing meetings and expert working groups and helping to advise on the drafting of training guides and IEC materials. Educational materials often need to be rewritten and redesigned to reflect post-ICPD priorities, and CST advisory teams are helping with this effort. For example, a CST specialist on population education from the Bangkok team undertook a mission to Viet Nam that led to a redrafting and finalization of educational materials that was approved by the Ministry of Education. This is the kind of advisory function that CSTs do very well. A UNFPA Representative is not likely to be a specialist in designing educational materials, but in utilizing a CST specialist the country office was able to make effective use of an expert in population education who was familiar with the situation

in Viet Nam, was knowledgeable about lessons learned and best practices in other Asian countries and was also well grounded in the principles of the ICPD and UNFPA processes.

18. A major strategic focus of the CSTs is to participate in reviews and evaluations of UNFPA-supported programmes and projects and to provide technical inputs for programme improvements. This includes participating in annual programme reviews and mid-term reviews. As independent, international evaluators, CST specialists bring an objectivity grounded in a broad-based expertise to an evaluation. In the Philippines, for example, a CST specialist in reproductive health information and counselling evaluated the IEC component of the reproductive health and advocacy subprogrammes. Based on experience with similar programmes in other countries of the region, the CST specialist was able to suggest improvements that have led to a redesign of the IEC strategy in the country.

19. Not all of the technical expertise provided by CST specialists comes about as a result of missions to programme countries. During the time spent at CST offices, CST specialists undertake a number of other activities to provide technical input to country programmes including: (a) undertaking multidisciplinary desk reviews of country programme and subprogramme documents and technical materials (e.g., CPA and mid-term review (MTR) documents, survey instruments and reports, and IEC materials); (b) developing and maintaining rosters of regional specialists in different disciplines and expertise; (c) providing technical backstopping through the Internet by networking with national experts; (d) developing and reviewing training materials; and (e) preparing scientific and technical papers that emphasize operational issues and disseminate best practices to relevant audiences. For example, during the past 24 months, the CSTs have produced a total of about 50 technical publications on a wide range of topics ranging from adolescent reproductive health, advocacy on gender issues, census methods, progress in operationalizing reproductive health following the ICPD, and strengthening UNFPA's response to HIV/AIDS at the country level. CST specialists also use non-mission time to strengthen their own expertise and to share information, including lessons learned and best practices, among themselves through internal seminars and discussions.

20. The TAS specialists in UNFPA's partner agencies utilize several approaches in carrying out their function of providing technical backstopping for the work of the CSTs. The specialists collaborate with each other across agency lines in workshops and strategy sessions and with the CSTs in technical workshops aimed at bolstering the quality of the services that the CSTs provide to countries. They have helped to facilitate sharing of experiences by preparing synthesized summaries of mission reports from all CST specialists from a given sector that emphasize lessons learned and best practices, writing joint papers on subjects of particular interest to a CST and its work, and commenting on mission and technical reports from the CSTs. The TAS specialists also serve as resource persons in internal CST seminars in order to update the teams on developments in their area of specialization. In 1999, for example, the specialist from UNIFEM briefed the CST in Amman on strategies that have been proven effective in combating violence against women.

21. TAS specialists are sometimes called upon to work directly with country programmes when CST advisers are not available or their specialization is not represented on a particular team. In the southern Africa region, for example, in 1999 the TAS specialist from ILO undertook two missions, while one each were undertaken by the specialists from FAO and UNESCO, respectively. Specialists from WHO carried out several missions to African countries on IEC in support of reproductive health as well as an assessment of the quality of and access to reproductive health services in Liberia. Similarly, the TAS specialist from the Economic and Social Commission for Asia and the Pacific (ESCAP) has undertaken several missions to the countries of Southeast Asia in support of population and development strategies.

Strengthening national technical expertise

22. Strengthening national capacity is built into and recognized as the pivotal function of all TAP specialists, and on-the-job training of counterparts is part of all country missions. During 1999, fully one-third of all mission activities were specifically related to capacity-building efforts. One of the main exercises undertaken by the CSTs to improve local technical capacity is through participation in formal national and regional training workshops. During 1999, the CSTs organized a total of 128 national and regional training workshops in 72 countries. The workshops covered a wide range of technical topics, including the use of geographic databases, application of information technology to population data, project monitoring, mainstreaming of gender concerns, operationalizing reproductive health, distance learning, and male involvement in reproductive health, to name just a few.

23. The CST-organized workshops help to bring emerging issues to the attention of national counterparts. In December 1999, for example, a subregional workshop took place in Dakar on reproductive health in emergency and crisis situations that had as one of its goals the sensitization of development partners to the importance of addressing the reproductive health of women, men and youth in emergency situations, an area that is too often overlooked. The CSTs also continue to make significant efforts to assist countries to apply programming and performance management tools, such as logframe analysis, as an essential component of programming. For example, as early as 1997 the Amman CST carried out a joint workshop with headquarters to train counterparts in the Arab States region on the logframe. In April 1999, the CST in Addis Ababa undertook a two-week subregional training of trainers' workshop on the logical framework. The CST Dakar organized a series of subregional trainings for national cadres on the logframe – in Nouakchott and Yaoundé in 1998 and Abidjan and Yaoundé in 1999. The training programme encouraged the trainees to replicate their training at the national level in order to build up a critical mass of population specialists who can apply the logframe in programme development in-country. The CST also published a French-language version of the logframe guidelines for use by national cadres in the francophone African countries.

24. "Attachment training", in which national experts work for a period of time with specialists at a CST headquarters, is another useful modality that is being utilized by the CSTs for capacity building. The mechanism allows for and promotes a multidisciplinary approach to population issues through involvement of CST specialists with varying backgrounds and expertise. In 1999, for example, the Bangkok CST organized four attachment training workshops at the CST office, two for Indonesia and one each for Cambodia and China, during which officials from these countries received training in such areas as analysis of reproductive health and gender-related data, census and survey analysis, management of combined reproductive health and family planning and income-generating activities, and consultancy skills for South-South cooperation.

25. CSTs have been instrumental in promoting and facilitating South-South cooperation. One innovative procedure that was utilized by the CST Bangkok was to bring a total of 15 professional staff from an Indonesian NGO that is one of the "Centres of Excellence", a South-South initiative supported by UNFPA, for a one-week attachment training on international consultancy to Bangkok. During the following months, each of the Indonesian professionals then accompanied different CST specialists on missions to Cambodia, the Democratic People's Republic of Korea, the Lao People's Democratic Republic, Myanmar and Viet Nam. The substantive areas covered in the missions included population and development strategies, data processing and database management, census and survey data analysis, logframe training, and gender and population advocacy. During the missions, the Indonesian consultants worked alongside the CST specialists in conducting situation analyses, identifying problems, proposing solutions and recommendations, negotiating with Governments and UNFPA country offices, conducting training and making presentations. The professionals who received this "mentored" training were very enthusiastic about their experiences and gained valuable insight on the best ways of sharing their technical expertise.

26. CST specialists also participate as resource persons in national and regional professional meetings, seminars, conferences, and workshops. Issues covered in recent seminars have included such topics as interpretation and analysis of demographic data on gender dimensions of population and development, ageing and old age security in Africa, development of reproductive health monitoring and evaluation indicators, peer education strategies, and managing quality reproductive health programmes in light of the ICPD, among a wide range of other topics.

27. Face-to-face interventions like country missions, workshops and attachment training are limited in the number of people that are directly involved. Therefore, the CSTs continue to work on innovative ways to reach out to larger audiences. The CST in Suva, for example, has posted a set of ten training modules on a variety of topics relating to reproductive health and gender on its Internet World Wide Web site. Such creative use of new information technologies will continue to be exploited in order to maximize the effectiveness of increasingly scarce financial resources.

28. Cooperative ventures are another way of maximizing impact. To that effect, the CST and TAS specialists often undertake capacity-building efforts in the form of joint technical workshops

and training courses or through participation as technical experts in workshops sponsored by other organizations in selected substantive areas – adolescent reproductive health, gender, IEC planning, reproductive health in school curricula, etc. – in which UNFPA has a special expertise. An effective example of inter-agency cooperation was a workshop on HIV/AIDS that took place in Dakar in July 1999. A total of 60 participants from UNFPA's three African CSTs plus representatives of UNAIDS and other agencies took part in the workshop, which was designed to arrive at a common understanding about programmatic issues related to HIV/AIDS and how they can be addressed through UNFPA-supported programmes. The multidisciplinary, multi-agency nature of the workshop provided the opportunity to work together on common issues and to renew the commitment to prevent and control the pandemic through reprogramming of resources and collaboration with other partners.

29. The Bangkok CST's technical assistance to Cambodia represents a good example of how the CSTs can work over the long term to build national capacity. Over the past two years, a systematic programme of capacity building for census and survey data analysis has been undertaken as a follow-up to the country's 1998 census. Two attachment training workshops providing a comprehensive course on data analysis were organized at the CST office for 12 officials representing several key ministries. In addition, two in-country training workshops and a number of thematic workshops corresponding to different chapters or monographs of the census report were organized. The CST provided resource persons for seven such workshops, during which training was combined with preparation of the census reports. The CST specialist worked alongside the national cadres and helped them to learn by doing. Although Cambodia is still some distance away from self-reliance in census and survey data analysis, it now has a group of officials with basic knowledge and experience. This illustration shows that national capacity building is an ongoing process and not a one-time effort; it must be sustained in order to be successful.

Ensuring an integrated and coordinated multidisciplinary approach

30. One of the major functions of the TAP system has been its ability to serve as a mechanism for developing effective partnerships. The extensive collaboration between the CSTs and various organizations for provision of technical assistance, particularly on reproductive health and gender issues, is noteworthy. The list of collaborative organizations, other than the TAP partner agencies, is extensive and includes bilateral cooperation agencies, multilateral agencies, international and regional NGOs, foundations, and research institutions.

31. The role that partnership between the CSTs and other organizations can play is well illustrated by an initiative that is being undertaken by the CST in Suva. Working with other partners in the United Nations Development Group (UNDG), UNFPA has been assigned the lead role in developing a framework for a common database for the United Nations system in the Pacific subregion. Paucity and unreliability of data have been constraints in establishing common data systems and indicators for all of the United Nations partner agencies. Working with these agencies,

UNFPA is now developing a common database of over 40 variables that will be used in the preparation of the CCAs and UNDAFs for the entire Pacific subregion.

32. As UNDAFs are being used in more and more countries, the CSTs have supported UNFPA's participation in the UNDAF process and have contributed to ensuring that country programmes are designed within the framework. In Guatemala, for example, the Mexico City CST reviewed and made comments on the draft of the UNDAF and visited the representatives of other United Nations development agencies to discuss areas of coordination and complementarity. In El Salvador, during missions to plan for the programme's mid-term review, the CST emphasized that the review should consider aspects of the CCA that was in the process of being developed in the country. Likewise, as Sector Wide Approaches (SWAps) are taken up in more and more countries, the technical expertise of the CSTs will be used to ensure that population and reproductive health issues are not overlooked, building on the experience they have developed to date in such countries as Ethiopia, as noted above.

33. TAS specialists can be valuable agents for fostering inter-agency collaboration. They have, for example, taken advantage of electronic technology to communicate with each other and with the CSTs regularly, sometimes along substantive specialty lines, at other times in multi- and inter-disciplinary fashion. This has been beneficial in the sharing of knowledge and ideas for improving quality in all technical areas and has helped to reduce duplication of work among agencies. The most recent topics of discussion have included exchanges of ideas on capacity building and prevention of gender violence. In addition, the TAS specialists have a role to play in broadening contacts with the wider academic world. The written work of the TAS specialists has been widely published in leading technical journals around the world and has helped to bring development experts from outside the system up to date on key issues that are taking place in the context of UNFPA programmes. It must be acknowledged, however, that with the reduction in the number of TAS specialist posts reflected in decision 99/19 and a vacancy rate of close to one third of the authorized posts, the system has lacked the depth needed to backstop the CSTs to the extent that was envisaged when it was first devised. Also, financial constraints have reduced the number and frequency of the consultative meetings and thematic workshops in which both TAS and CST specialists participate. These thematic meetings and workshops provide valuable opportunities both for sharing information about lessons learned and best practices, for designing strategies and action plans and for building expertise as well as for colleagues to interact with each other face to face.

34. The work of the TAS specialists in reviewing global and regional trends, identifying emerging issues, and disseminating lessons learned and best practices have been valuable adjuncts to the work of the CSTs. However, efforts need to be made so that such inputs are more systematically shared between the two tiers of the TAP system. Likewise, while some initiatives have been undertaken, more formal mechanisms need to be institutionalized to enable the CSTs to provide information on country experiences and reflections to TAS specialists on a more regular basis.

III. THE ABILITY OF THE TAP SYSTEM TO RESPOND TO COUNTRY NEEDS

Assessment of needs

35. In addition to its regular monitoring and evaluation practices, during the past year UNFPA has undertaken a number of special initiatives to assess the progress that the TAP system has made in achieving its goals, including: (a) an Intranet-based discussion group with participation from TAP partner agencies, CSTs and UNFPA headquarters staff; (b) a field inquiry, facilitated through UNFPA country offices, to obtain the views of national population experts from the Government and civil society in their respective countries; (c) informal assessments by CSTs and the TAP partner agencies of their performance and overall contribution to meeting the needs of programme countries for technical assistance; and (d) a desk review of relevant evaluation reports and internal documents.

36. The field inquiry covered country-level experiences and expectations concerning technical assistance needs in the three core areas of UNFPA assistance. The inquiry attempted to assess comprehensive country needs for technical assistance and to document the extent to which the TAP system was addressing those needs. In addition, several questions were posed regarding the changing socio-economic environment within which population issues were being addressed.

37. The questionnaire for the field inquiry was sent to 75 (out of 130) countries in which UNFPA is supporting a country population programme. Most of the countries involved in the inquiry have a resident UNFPA Representative. In order to obtain the views of leading participants in population activities in the respective countries, the UNFPA offices consulted appropriate government officials, national population experts, and representatives of NGOs; the country offices then facilitated preparation of a consolidated response. The overall response rate was 77 per cent, with completed questionnaires received from 58 countries.

38. The field inquiry found that a high overall need for technical assistance in all three of UNFPA's core programme areas continued to exist in each of the world's regions covered by UNFPA programmes. In fact, in the opinion of the respondents to the field inquiry, only about 50 per cent of country needs for technical assistance in support of population and reproductive health programmes are currently being adequately met by all sources combined – national expertise, United Nations agencies, international organizations, and multilateral and bilateral donors. The vast majority (95 per cent) of the countries responding anticipated that their needs for technical assistance would increase.

39. The long-term goal of external technical assistance is to help countries develop national capacities and reach self-reliance. To assess progress in meeting this goal, countries compared the overall level of technical assistance that had been received during the previous four years with the

anticipated level of need over the next four years. The responses clearly indicated that while national technical capacity in the last four years had improved in the majority of countries (about 75 per cent), needs in the foreseeable future for technical assistance in the Fund's core programme areas would not be able to be met solely from national expertise and the requirements for external technical assistance would continue to be substantial.

40. Since technical assistance at the country level may be sought from different national and international sources, an attempt was also made to assess the relative extent that such assistance is currently being supplied from CSTs, UNFPA sources other than CSTs, and sources other than UNFPA. While each of the three sources played a significant role, it was found that countries tended to rely on a single source to address their technical assistance needs in specific substantive areas, and in most cases that single source was the CST. The results of the field inquiry showed that about 60 per cent of countries utilized only one source to meet 75 per cent or more of all their technical assistance needs in the areas of reproductive health, population and development strategies and advocacy, and in most such cases (65 per cent) they turned to the CST. This is confirmation that CSTs do play a very important role in meeting technical needs of countries in UNFPA's three core programme areas. This pattern was especially noteworthy for countries in the Africa, Arab States and Asia regions.

41. As indicated, the field inquiry found that the overall need for technical assistance in most countries is expected to remain substantial or further increase for all three of UNFPA's core programme areas. However, the focus of that assistance is likely to shift in the light of emerging priorities. Specific areas recognized as priorities for future technical assistance in the area of reproductive health include strengthening reproductive health programme management capacity, supporting adolescent reproductive health, combating HIV/AIDS and reducing maternal mortality. Similarly, in the area of population and development strategies, the current emphasis of technical assistance is likely to shift to such emerging issues as the impact of HIV/AIDS, migration, ageing, and urbanization and also the development and management of integrated information systems, databases, indicators and geographical information systems for monitoring and evaluation. The field inquiry also indicated that respondents anticipate significant requirements for technical assistance in the area of advocacy on such topics as awareness creation among policy makers and building capacity for resource mobilization to implement the ICPD Programme of Action.

Monitoring the TAP system

42. As part of an ongoing oversight process, the TAP is regularly monitored by UNFPA headquarters and by coordinators within each agency's headquarters to maximize the benefit of the technical assistance provided and to ensure efficiency in resource use. The performance of individual CST and TAS specialists is assessed annually based on the performance plan prepared by them at the beginning of the year. In addition, the CSTs submit semi-annual reports on their activities, which provide much valuable information and are extensively reviewed at headquarters.

The Inter-agency Task Force (IATF), which includes the heads of the CSTs and representatives the agencies involved in the TAP system, including UNFPA, meets at least once a year to revi how well the system is functioning and to work out necessary adjustments.

43. Management audits of CST offices are undertaken on a regular basis. During 1999, example, the UNDP/UNFPA Office of Audit and Performance Review undertook a managem audit of the Kathmandu CST. The audit found that many of the key issues faced by the Kathman CST were ones that were common to other CSTs as well. These included the urgent need to vacant posts; the challenge of prioritizing mission requests from country offices; and t desirability of reducing time spent on mission travel so that adequate time was available to perfo other substantive tasks.

44. With the introduction of the results-based management approach to determine plannin monitoring and evaluating of programmes, the logframe being developed for the TAP w contribute to the goals and outputs of the multi-year funding framework (MYFF). To that end, t CSTs and the TAS specialists have begun to develop objectively verifiable indicators of their wor These indicators will be linked to the MYFF goals and will be specifically designed to measure, far as possible, the extent to which the TAP system is contributing to national self-sufficiency in t provision of technical expertise in UNFPA's three core programme areas. It is envisaged that t roles and responsibilities of different TAP participants – TAP partner agencies, UNFPA countr offices and UNFPA headquarters – will be more systematized, coordinated and integrated throug the logframe analysis. There will be greater scope for the TAP, in particular the CSTs, to play crucial role in assisting programme countries and UNFPA country offices to integrate results-base management concepts and procedures into their country programme plans and strategies.

IV. THE WAY FORWARD

45. Widespread changes in the world's political, economic and sociocultural environm nt ar confronting population specialists at the country, regional and global levels with challenges tha require foresight and flexibility. In this context, the changing environment at the country level is o crucial importance. In a large majority of programme countries a process of adjustment o restructuring is either under way or is likely to be implemented in the near future. These reform include a move towards implementing a more decentralized approach in the management o population and reproductive health programmes and incorporating them within sector-wid approaches. Economic globalization and the move towards privatization in many countries are having an impact on population dynamics (e.g., migration patterns) and the availability and quality of reproductive health services (e.g., the ability of Governments to meet basic social service needs). Similarly, global information networks are influencing the attitudes, perceptions and expectations of the societies in which population programmes are implemented.

46. UNFPA is working on ways to ensure that its technical advisory system is more pro-active and creative in the face of such dynamic changes. The TAP will be expected to take a more pro-active role in assisting countries and UNFPA country offices to foresee and address national population issues through research and awareness-raising on emerging population trends and issues such as changes in population age structures, especially in youth and aged cohorts, and the increase in incidence of HIV/AIDS and its multisectoral ramifications. At the same time, it must be recognized that given financial constraints, it may be difficult for the TAP in the current form to meet the anticipated increase in technical assistance needs of countries. Hence, new modalities and partnerships for provision of technical assistance need to be considered in order to ensure the continued quality of population programmes.

47. The provision of technical assistance has been and will continue to be an important requirement for the effective performance of UNFPA's country programmes as well as for national population and reproductive health programmes. The field inquiry of UNFPA's country offices indicated that countries were generally satisfied with the current system in spite of the fact that funding constraints have not allowed all the posts to be filled. However, there are parts of the system that require strengthening, and there are perhaps other modalities that would enhance the ability of the TAP system to accomplish its goals. At the field level, for example, new technological resources are providing opportunities for more cost-effective ways of providing technical assistance in certain areas.

48. Some issues, such as adolescent reproductive health and HIV/AIDS, are of increasing concern in all regions of the world. However, the nature of the demands for technical assistance also varies between different parts of the world. In Africa, in addition to the catastrophic spread of HIV/AIDS, certain other issues, such as high levels of maternal mortality and the practice of female genital mutilation (FGM), require concerted financial and technical effort. Meanwhile, in Latin America the demographic transition is quite advanced in most countries but decentralization, international migration, quality of reproductive health care, environmental sustainability and ageing are becoming more prominent issues. Hence, the composition of CSTs will continue to need to be reviewed in order for them to respond dynamically to the emerging realities in their respective regions. The changing resource scenario will impose changes on the modalities of providing technical assistance as well. In order to meet evolving and increasingly differentiated needs in a cost-effective manner, the TAP system may have to develop more flexible structures.

49. Programme management skills continue to be a huge lacuna in many countries. Capacity building in population activities needs to give priority to upgrading management skills both in country and regional workshops. National capacity building is necessarily a long-term investment. However, to be effective, technical backstopping must be a continuous and interactive process rather than discrete, intermittent or episodic events. The impact of CST interventions that focus on enhancing managerial capability and technical capacity will be more sustainable if they are strategically designed for the long term through repeated and evolving interventions.

50. During the coming year, the Fund will be looking at the best ways of continuing to meet the needs of programme countries for technical assistance and to build their national capacity. This examination will include seeing how the technical assistance function can be made to be more pro-active, contribute more to the Fund's strategic goals and, especially, how it can maximize the use of increasingly scarce resources. The Fund will present proposals to that effect to the Executive Board at the second regular session 2001 in September.

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